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Bib Data Sheet

CONFIRMATION NO. 2843

|   |  |                                  |   |   |                                |
|---|--|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/931,656  | <b>FILING DATE</b><br>08/16/2001<br><b>RULE</b>  | <b>CLASS</b><br>455              | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>099000-55448<br>(FUJB 18.868) |                                |
| <b>APPLICANTS</b><br>Zhisheng Niu, Beijing, CHINA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/29/2001</b>   |  |                                  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>CHINA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>15                                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>026304  |  |                                  |   |   |                                |
| <b>TITLE</b><br>TCP aware local retransmissioner scheme for unreliable transmission network   |  |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>870   | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |